

**WSPSSA ZONE CROSS COUNTRY**

**2021 School Participants**

***School Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the table below and email me as soon as possible your Zone Team - **no later than Friday 7th May.** Schools can enter 4 students per age group.

In the case of equal 4th at your school carnival or other reasons for extra competitors, please email (courtney.avramides3@det.nsw.edu.au) and add them to the list below.

**We will need to approve any extra competitors due to safety of numbers per race.**

Please list any **medical conditions** that would be beneficial for Course Marshals to be aware of, as this information will be passed onto them eg: asthma, diabetes, epilepsy, anaphylactic especially to bee stings and any other serious medical condition.

Please note any **child with asthma must run with their puffer**. Please inform any of your students of this requirement.

**Thank You**

Courtney Avramides

WSPSSA Cross Country Convenor

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GIRLS - TEAM LIST**

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| --- | --- | --- | --- |
| **DIVISION** | **NAME** | **DATE OF BIRTH** | **MEDICAL CONDITIONS** |
|  |  |  |  |
| **8/9** |  |  |  |
| **YEARS** |  |  |  |
| **GIRLS** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DIVISION** | **NAME** | **DATE OF BIRTH** | **MEDICAL CONDITIONS** |
|  |  |  |  |
| **10** |  |  |  |
| **YEARS** |  |  |  |
| **GIRLS** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DIVISION** | **NAME** | **DATE OF BIRTH** | **MEDICAL CONDITIONS** |
|  |  |  |  |
| **11** |  |  |  |
| **YEARS** |  |  |  |
| **GIRLS** |  |  |  |

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| --- | --- | --- | --- |
| **DIVISION** | **NAME** | **DATE OF BIRTH** | **MEDICAL CONDITIONS** |
|  |  |  |  |
| **12/13** |  |  |  |
| **YEARS** |  |  |  |
| **GIRLS** |  |  |  |

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BOYS - TEAM LIST**

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| --- | --- | --- | --- |
| **DIVISION** | **NAME** | **DATE OF BIRTH** | **MEDICAL CONDITIONS** |
|  |  |  |  |
| **8/9** |  |  |  |
| **YEARS** |  |  |  |
| **BOYS** |  |  |  |

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| --- | --- | --- | --- |
| **DIVISION** | **NAME** | **DATE OF BIRTH** | **MEDICAL CONDITIONS** |
|  |  |  |  |
| **10** |  |  |  |
| **YEARS** |  |  |  |
| **BOYS** |  |  |  |

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| **DIVISION** | **NAME** | **DATE OF BIRTH** | **MEDICAL CONDITIONS** |
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| **11** |  |  |  |
| **YEARS** |  |  |  |
| **BOYS** |  |  |  |

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| **DIVISION** | **NAME** | **DATE OF BIRTH** | **MEDICAL CONDITIONS** |
|  |  |  |  |
| **12/13** |  |  |  |
| **YEARS** |  |  |  |
| **BOYS** |  |  |  |